

Department of Homeland Security Documents Used to Conduct Post-deployment Assessment



DEPARTMENT OF HOMELAND SECURITY  
**OFFICE OF HEALTH AFFAIRS**  
**POST-DEPLOYMENT ASSESSMENT QUESTIONNAIRE DECLINATION**

Print: First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

As a DHS Mission Critical and/or Emergency Essential employee returning from designated deployment assignment, and may have been exposed to biological or environmental hazards, you are eligible to participate in the DHS Post –Deployment Medical Assessment. Every work experience is unique and may reflect individual differences regarding exposures. Completion of this document is voluntary. If you do not wish to participate, you are required to complete this Declination form.

\_\_\_\_\_ **DECLINATION: (General):** I understand that due to my deployment work assignment and possible exposure to potential biological or environmental hazards, I may be at risk for illness. I have been given the opportunity to be evaluated; however, I decline the evaluation at this time. I understand that by declining this assessment, I could be at risk for illness secondary to possible exposures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DHS Form 5202 (3/10)

